

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000045100

1. Entity Name
VILLACONN INC.



FILED

04 NOV -5 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
SW 53 AVE UNIT 23360-H
BOCA RATON, FL 33433

Mailing Address
SW 53 AVE UNIT 23360-H
BOCA RATON, FL 33433

2. Principal Place of Business

SW 53 AVE Unit 23360-H

3. Mailing Address

SAME as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

4. FEI Number 58 2671277

Applied For
Not Applicable

Zip

33433

Country

Palm Beach

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMBAS, BLANCA
SW 53 AVE UNIT 23360-H
BOCA RATON, FL 33433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Blanca Combas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-1-04

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VILLAMIL, ALFREDO ☐ Delete
STREET ADDRESS SW 53 AVE UNIT 23360-H
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE STD
NAME HAND, CASSANDRA ☐ Delete
STREET ADDRESS 1206 CARLTON CT #201
CITY-ST-ZIP FT PIERCE, FL 34949

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Secretary, manager
NAME Cassandra Hand ☒ Change ☐ Addition
STREET ADDRESS 101 Your Host Lane
CITY-ST-ZIP Cinnaminson, NJ 08077

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500042526935
11/05/04--01059--013 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Cassandra Hand, mgr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-04

Date

856-829-9057

Daytime Phone #

11/1/04

215-275-0747